

**Supplemental Application Data Sheet****APPLICATION INFORMATION**

Application Number:: 10/573,302  
Filing Date:: March 22, 2006  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF::  
Title:: LOWER LEG ORTHOSIS  
Attorney Docket Number:: 43087-103892  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?:: Yes  
Latin Name::  
Variety denomination name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gad  
Middle Name::  
Family Name:: Alon  
Name Suffix::  
City of Residence:: Rockville  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 12023 Montrose Village Terrace  
City of mailing address:: Rockville  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20852

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: S.  
Family Name:: Hopkins  
Name Suffix::  
City of Residence:: Baltimore  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 2121 Bank Street  
City of mailing address:: Baltimore  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21231-2718

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: **23644**  
Phone: **312-357-1313**  
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## **REPRESENTATIVE INFORMATION**

Representative Customer Number: **23644**

**Representative Designation:**      **Registration Number:**      **Representative Name:**

## **DOMESTIC PRIORITY INFORMATION**

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This application is a which	National Stage of Claims the benefit of	PCT/US2004/022715 60/504,430	06/30/2004 09/22/2003

## **FOREIGN APPLICATION INFORMATION**

**Country:**      **Application Number:**      **Filing Date:**      **Priority Claimed**

## **ASSIGNEE INFORMATION**

Assignee name:: University of Maryland, Baltimore  
Street of mailing address:: 520 West Lombard Street  
City of mailing address:: Baltimore  
State or Province of mailing address:: Maryland  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21201-1602

Assignee name:: **Dankmeyer, Inc.**  
Street of mailing address:: **825 D. Hammond Ferry Road**  
City of mailing address:: **Linthicum**  
State or Province of mailing address:: **MD**  
Country of mailing address:: **US**  
Postal or Zip Code of mailing address:: **21090-1355**